



Food Program Official Inspection Report

Siskiyou County Community Development Department
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: Big Springs Elementary	Permit # 000109
Address: 7405 A12 Montague CA 96064	
Permit Holder: Big Springs Elementary	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-459-3189	E-mail: kaylea@sisnet.ssku.ca.us
Food Safety Certified Employee: Kaylea Morris	Expiration Date: 10/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

ALL FOOD HANDLING IS SATISFACTORY AT PRESENT TIME.

29) Observed the finishes to the floor in the walk-in refrigerator peeling away due to heavy traffic usage. Repair the floor to be cleanable, smooth, nonabsorbent, and durable in construction. Repair or correct within 90 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Kaylea Morris	Received by (Signature): _____ Date: 03/29/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Big Springs Elementary

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing violations and corrections]

Received By (Print): Kaylea Morris	Received by (Signature):	Date: 03/29/2024
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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[Empty area for listing health code violations and correction details]

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Date:
03/29/2024

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REHS (Signature):

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